

**Advanced Aesthetics Surgery and Laser Center**  
**2111 West Park Court**  
**Champaign IL 61820**  
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**James M. Kurley, M.D.**

## Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE  
USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 ("H.I.P.A.A.") is a federal program that requires all Personal Health Information ("P.H.I.") used or disclosed by us in any form (oral, written or electronic) be kept properly confidential. This act gives you significant rights to understand and control how your P.H.I. is used. We respect our legal obligation to maintain privacy about your P.H.I. We are obligated by law to give you notice of our practices concerning your P.H.I. This Notice describes how we protect your P.H.I. and your rights regarding it.

This practice will request and obtain P.H.I. from you. We may also collect P.H.I. about you from others. We may copy, create and/or distribute documents containing P.H.I. after removing all personally-identifying references. Such personally-identifying information includes, but is not limited to:

Name, address, telephone and cell phone number(s), e-mail address, Social Security number, Driver's License number, date of birth, gender, marital status, employer information (name, address, phone number), spousal/parental information (name, address, phone number (s), employer, employer's phone number), and insurance coverage information (name of insured, insured's employer, policy numbers(s), policy benefits, current usage).

Most commonly, P.H.I. is used or disclosed for 3 reasons: treatment, payment and health care operations.

**Treatment** You are hereby granting permission for us to use and disclose your P.H.I. to other health care professionals associated with this practice for the purpose of consultation, evaluation and/or treatment.

**Payment** If you provide us with medical insurance information, you are permitting us to use and disclose relevant P.H.I. for the purpose of insurance billing and payment.

**Health Care Operations** We will disclose your P.H.I. to all appropriate health care professionals whose knowledge of said P.H.I. is deemed necessary, including, but not limited to, consultants, laboratories and hospitals. We may disclose your P.H.I. with all personally-identifying references removed for peer review required for our accreditation.

We may contact you by regular or cell phone, by text message or in writing to provide appointment reminders: we may or will state in our message your appointment date and time with request to contact our office for appointment cancellation or rescheduling. We may contact you by phone or in writing for follow-up regarding your inquiry about office services. We may contact you in writing or electronically regarding upcoming events or special offerings and for other marketing purposes.

Said contact may involve leaving a message on your answering machine or with someone who answers your phone.

\*\*\*\*\*PLEASE TELL US IF YOU DO NOT WANT US TO LEAVE ANY MESSAGES\*\*\*\*\*

The law allows or requires us to utilize or disclose your P.H.I. without your permission in special circumstances. We may use and share P.H.I. listed above without authorization, including, but not limited to:

State or federal law mandates for release of certain P.H.I.; for public health purposes related to the prevention and control of disease; for the prevention of a serious threat to the health or safety of you, another person or the public (including notices between the federal Food and Drug Administration regarding drugs and/or medical devices); for Workman's Compensation or other carriers that provide benefits for work-related injury or illness; in response to subpoena or court order for judicial and administrative proceedings; for law enforcement purposes (including contact with any governmental authority, to assist with investigation of suspected abuse, neglect and/or domestic violence, to report information concerning crime in our office or elsewhere, and to aid with identification or location of a suspect, fugitive, witness or missing person); for government functions of federal protection, national intelligence and military use; for health-related research (including the practice's enrolled studies); to business associates committed to your privacy and deemed required to have this information to provide services; and for incidental revelation resulting from the above uses or disclosures; in the event of emergency to notify or assist in notifying a family member or other person responsible for your care.

All other disclosures will be made only upon your written request using an authorization form we provide or one supplied by another office. You may revoke such authorization in writing; we will honor revocation of authorization except to the extent of action already taken.

Patient rights and responsibilities are outlined in the **FINANCIAL POLICIES** form. In addition, you have the following rights with regard to P.H.I.:

- The right to a copy of this notice.
- The right to inspect and obtain a copy of your P.H.I.
- The right to request restriction of certain uses or disclosures of your P.H.I., including to relatives, friends or any others you designate.
- The right to receive a detailed written disclosure about our sharing of your P.H.I. from within the past six (6) years.
- The right to request reasonable alternate forms of communication (such as contact at a different address or phone or e-mail).
- The right to request that we amend your P.H.I.

All requests must be made in writing to the Privacy Officer. Any request for copy (-ies) of P.H.I. will be honored in a timely manner (within thirty [30] days); you may be charged a fee for photocopies. We are not required to honor your requests for restrictions or amendments to your P.H.I., but if agreed upon, will be revocable only upon written notice. If agreed, we will amend your P.H.I. within a reasonable time frame (by sixty [60] days); if needed, we will send corrected P.H.I. to all appropriate person(s) and others you so designate; all said corrections will become part of your permanent P.H.I. If denied, we will provide you written explanations of denial reason(s) and how you can disagree with this denial. You are entitled to one [1] free disclosure list per year; additional lists will be charged a fee; said list will be provided in a timely manner (within thirty [30] days); said list will not include disclosures for treatment, payment and health care operations purposes, disclosures authorized by you, disclosures required by law or incidental disclosures. All timed requests will be allowed, by law, a thirty-day extension.

Legally, we must abide by the terms set forth in this document until we choose to change it. We reserve the right to change this Notice at any time as allowed by law. If we change this Notice (other than date of review), the new policies set forth will apply to all current and future P.H.I. Any revised Notice of Privacy Practices will be posted in a prominent location in our office; copies will be available upon request.

All complaints are preferred in writing to the Privacy Officer; however, we will gladly discuss your complaint in person or on the phone. Additionally, you have the right to complain to the Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint.

In the event that this practice is sold or merged with another organization, your P.H.I. will become the property of the new owner.

## **CONSENT FORM DEFINITIONS**

“Use” means the sharing, employment, application, utilization, examination, or analysis of patient information within the practice.

“Treatment purposes” include the provision, coordination, or management of health care and related services by one or more health care providers, consultation between health care providers or the referral of a patient for health care from one health care provider or another (examples: setting up office appointments; discussing treatment with your designated caregiver; securing medical records from an outside source; referral to an outside provider, such as Physical or Occupational Therapy).

“Payment” means the activities undertaken by our office to obtain reimbursement for the provision of health care. These activities referred to in this definition relate to the individual to whom health care is provided and include, but are not limited to:

1. Determination of eligibility coverage (including coordination of benefits or the determination of cost-sharing amounts) and adjudication of health benefit claims
2. Billing, claims management and related health care data processing
3. Collection activities for non-payment
4. Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges
5. Utilization review activities, including precertification and preauthorization of services and concurrent and retrospective review of services
6. Disclosure to consumer reporting agencies of any of the above-stated information relating to reimbursement.

“Health care operations” refers to administrative and managerial functions, including, but not limited to:

1. Conducting peer review, quality assessment and improvement activities for the improvement of patient care and the maintenance of accreditation
2. Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs for students, trainees, or other practitioners under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities
3. Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection, investigation of possible health law violation and compliance programs (such as Medicare/Medicaid audit)
4. Business planning and development, such as financial audit and internal and external marketing
5. Business general administrative activities including, but not limited to: (a) management activities relating to H.I.P.A.A. privacy rule compliance; and (b) personnel decisions